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						PTO/SB/21 (09-04)		
		Application Number	10/	803,153				
TRANS	SMITTAL	Filing Date	Mai	rch 17, 200				
FC	DRM	First Named Inventor	Cho	obotov, Mic				
		Art Unit	373	38		W-1		
to be used for all corres	spondence after initial filling)	Examiner Name	Mill	Miller, Cheryl L.				
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ENCLOSURES (Check all that apply) After Allowance Communication to TC								
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Fee Attac	ched	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
Amendment/Rep	, Im	Appeal Co				munication to TC s, Brief, Reply Brief)		
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Information Disch	osure Statement	CD, Number of CD(s)						
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Reply to Missing	Parts/ incomplete							
Application Reply to l	Missing Parts							
	CFR 1.52 or 1.53							
•	SIGNATUR	E OF APPLICANT, AT	TORNEY, (OR AGENT	7	<u> </u>		
Firm Name Tow	nsend and Townsend	and Crew/LLP						
		- Xn-A						
Şignature	Neileal 1							
Printed name	nolas V. Sherbina							
	noias v. Sherbina		Con No	<u> </u>				
Date Dec	December 1, 2005 Reg. No. 54,443							
	CERT	IFICATE OF TRANSMI	SSION/MA	ILING				
I hereby certify that this correspondence is being faceimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on December 1, 2005.								
Signature	~~	-4-0-						
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Typed or printed name	Shawn Hart				Date	December 1, 2005		

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DEC 0 1 2005

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	PT(<u> 2/SB/93 (09-</u> 04
Application Number	10/803,153	
Filing Date	03/17/2004	
First Named Inventor	Chobotov, Michael V.	
Art Unit	3738	
Examiner Name	MILLER, CHERYL L.	·
Attorney Docket Number	021630-000330US	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
Please	Please withdraw me as attorney or agent for the above identified patent application, and									
all the attorneys/agents of record										
a	all the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
⊠ a	all the attorneys/agents associated with Customer Number 20350									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.										
The reason	s for this requ	est are: Client requested trans	er of ma	tter to	another	firm.				
·										
		CORRESPON	DENC	E ADI	DRES	3				
1. The	corresponde	ence address is NOT affected by	this with	drawal.						
=	•	-				e to:				
_	2. Change the correspondence address and direct all future correspondence to:									
The a	The address associated with Customer Number:									
OR										
101	Firm or Hoffmann & Baron Individual Name Daniel A. Scola, Jr., Esq.									
Address		1055 Parsippany Blvd.								
City		Parsippany State N.							07054	
Country		United States of America								
Telephone	elephone 973-331-1700				Fax 973-331-1717					
Signature										
Name	Nicholas V	. Sherbina			Registration No.			54,443	54,443	
Date	December 1	ember 1, 2005			Telephone No. (2			(206)4	(206)467-9600	
NOTE: Withdrawel is effective when approved rather than when received. Unless there are at least 30 days between approvel of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdrawal a normally disapproved.										

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